

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

493446

6-22-95

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	4					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	1	1				
TOTAL CLAIMS	2	1				

TOTAL IND:				
TOTAL DEP:				
TOTAL CLAIMS				

BEST AVAILABLE COPY